

Primary Care Home Initiative: St. Louis Health Information Exchange



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Improving Health in St. Louis – Current Initiatives

Improving the Health Care Safety Net

- Primary Care Home Initiative/NMPI project
- Sharing of Clinical Best Practices
- Community Health Coaches Program
- Integration of Safety Net Operations
- Access to Care Expansion
- Stable Long-term Financing
- Eastern Region Public Mental Health Initiative

Strengthening Wellness and Health Literacy

- Youth Health and Wellness
- Regional Health Department Collaboration
- Diabetes Education Network
- Center for Health Literacy
- Wellness at the Workplace
- Evidence into Practice

RESULTS





 Greater Regional Competitiveness



What is the IHN?



- Partnership of safety net providers serving over 250,000 uninsured and underinsured residents in St. Louis City and County
- Goal to improve the quality, accessibility and affordability of safety net health care in St. Louis City and County through increased integration and coordination of services
- IHN providers:
 - Four Federally Qualified Health Centers
 - St. Louis ConnectCare
 - St. Louis University School of Medicine
 - Washington University School of Medicine
 - St. Louis County Department of Health
 - City of St. Louis Department of Health

What are the IHN's current focus areas?



- Improving access to a primary care home for all individuals
 - Improving continuity of care
 - Reducing emergency department visits for primary care
- Improving access to specialty care
- Improving health information exchange
- Strengthening care quality and health literacy
 - Physician/clinician training and collaboration to improve care
 - Health Education and Literacy Program (HELP)

Access to Primary Care Homes



What we know:

- Regular preventive care and an established doctorpatient relationship lead to better health outcomes
- Currently, 37% of visits to area emergency departments are for primary care or other non-emergencies
 - Difficult to ensure preventive and follow-up care
 - Compromised ability to treat emergencies
 - Expensive care delivery
- Patients encounter barriers to primary/specialty care

What is the Primary Care Home Initiative?



Goals:

- Improve access to a primary care home
- Reduce use of emergency departments for nonemergencies
- Enhance provider communications and enable information sharing across providers

Project Components:

- Redesigning referrals/triage
- Enhancing primary care provider capacity
- Improving health information exchange – Network Master Patient Index

Progress to Date:

- Communitywide provider participation
- Assessment and implementation plan complete

NMPI Project – Collaborating for the Future



- 18 organizations launched Network MPI Planning Project in 2005
 - All 4 Federally Qualified Health Centers (FQHCs)
 - St. Louis City and County Departments of Health
 - St. Louis U. and Washington U. Medical Schools
 - St. Louis ConnectCare
 - All hospital emergency departments in areas of high need:

St. Mary's Hospital

St. Louis Children's Hospital

DePaul Health Center

St. Louis University Hospital

Cardinal Glennon Children's Hosp. Forest Park Hospital

Barnes-Jewish Hospital

St. Alexius Hospital

Christian Northeast Hospital

NMPI Vision



- The vision for the IHN NMPI is a technology solution across St. Louis safety net providers designed to support the needs of St. Louis's underserved population and meet a specific set of requirements
 - Industry standard EMPI functionality
 - Primary care home management
 - Housed in the IHN
 - Additional processes
 - Scaleable for the future

Planning Project Scope & Goals



Scope

- Performance of a current state assessment on 18 organizational entities
- Creation of a set of alternative approaches (and a recommendation) for the development of a Network MPI
- Incorporation of design considerations in registration, medical records, and clinical areas
- Development of an implementation plan for the selected solution

Goals

- Develop a single definition and vision for the concept of a Network MPI
- Identify the specific data elements included in the Network MPI
- Evaluate the various IHN member and affiliate entities to identify the challenges and opportunities related to maintaining a Network MPI solution
- From 3-4 alternative solution options for achieving the vision of the Network MPI solution, identify a single one
- Develop a plan with time, cost and other estimates associated with implementing the selected alternative Network MPI solution

NMPI Phased View

Phase 1

Tracking of Underserved

Population:

- Uninsured
- Medicaid

Features:

- •"Clean" Database of St. Louis Underserved Patients
- Standard HL7 Messaging
- Scalable, Modern Technologies
- Appropriate Security & Access
- Passive EMPI

Functions:

- Social Demographic Data on Patients
- •Identification of a Primary Care Home
- Capability of Primary Care Home to See Basic Visit History
- Discharge Diagnosis & Basic Clinical Information
- Clinical Demographic Data Capability (i.e., allergies, chronic diseases, immunizations)
- Prescription information

Phase 2 (Potential)

Management of Underserved

Population

- •Uninsured
- Medicaid
- Other Underserved

Features:

- Phase 1 Features
- Active EMPI

Functions:

- Phase 1 Functions
- •Clinical Demographic Data
- Referral functionality

Phase 3 (Potential)

Population Management or RHIO-Like

Population:

•All St. Louis Patients

Features:

•Phase 1 & 2 Features

Functions:

- •Phase 1 & 2 Functions
- •Electronic Medical Record
- Outcomes Monitoring
- Clinical Data Repository
- •Chronic Disease Management

NMPI and Primary Care Home Initiative



- To be more than a good idea, the Primary Care Home Initiative's success depends on information
- In addition to basic demographic information about the uninsured and underinsured, the NMPI will serve to provide a primary care home assignment as well as care utilization data and basic clinical information
- With appropriate security access controls, this communitywide solution will equip St. Louis providers with the tools to educate patients about their care options, and help to reduce the use of the emergency department for nonemergent care